

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100

TDD (916) 322-1700

TELEPHONE (916) 322-3350

www.rn.ca.gov

**VERIFICATION OF LICENSE**

- NOTE: If licensed in US or Canada only, send this form to the State Board of Nursing where you have a current and active license. That Board may require a processing fee.
- INTERNATIONAL GRADUATES: Send form to the state of current license. If you took the examination in a different state, make a copy of this form and send the form to that state also.

PART I: To be completed by APPLICANT and forwarded to appropriate licensing boards.

Name: (Last, First Middle)		Previous Names (Including Maiden):	
Current Street Address of Record:	City:	State:	Zip Code:
Name as it appeared on original license (Last, First, Middle):		Date of Birth (mo/dy/yr):	Social Security Number:
State of Current Licensure:	Issue Date of Current License:	Current License Number:	
State of Original Licensure:	Issue Date of Original License:	Original License Number:	

I hereby authorize all identified Boards of Nursing to release my licensure data to the California Board of Registered Nursing.

Signature: _____ Date: _____

PART II: To be completed by licensing board and forwarded to Board of Nursing listed at the top of this form.

This is to certify that _____ was issued licensed number _____	
Applicant Name	to practice as a registered nurse.
Date issued: _____	
Licensed by: <input type="checkbox"/> Endorsement <input type="checkbox"/> Examination <input type="checkbox"/> Waiver	
Current Licensure Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Expiration Date: _____
Has license ever been REVOKED, SUSPENDED or placed on PROBATION or disciplined in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please complete reverse side of this form.	Reinstated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date: _____
Is there any PENDING disciplinary action or pending investigation against this licensee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain on the reverse side of this form.	

PART III: To be completed by licensing board if information is available.

Nursing Education Program Completed:	Approved by State? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated from: <input type="checkbox"/> High School <input type="checkbox"/> H.S. Equivalency <input type="checkbox"/> 10th Grade
Location (city, state)	Graduation Date:	Type of Nursing Program <input type="checkbox"/> DIP <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other
Examination Taken: <input type="checkbox"/> SBTPE <input type="checkbox"/> NCLEX-RN <input type="checkbox"/> Canadian Five-Part		
Taken in English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Scores: NCLEX-RN _____	SBTPE/Canadian Medical Surgical Obstetric Pediatric Psychiatric	Series or Exam Date:

Signature: _____ Title: _____

Board of Nursing: _____ Date: _____

[BOARD SEAL]

VERIFICATION OF LICENSE (CONTINUED)

PART IV:

DESCRIPTION OF PREVIOUS DISCIPLINARY ACTIONS: (PLEASE ATTACH ANY CHARGES/ACCUSATIONS AND DECISIONS/DETERMINATIONS.)

Reason:

Penalty and Date:

Reinstated? ☐ **No** ☐ **Yes** **Date:**

EXPLANATION OF PENDING DISCIPLINARY ACTION OR PENDING INVESTIGATION AGAINST THIS LICENSEE:
